



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 2/25/2016
 Type: New Amended (if amending, enter MEC ID C081082 & section changed #3 & #6)

2. Committee Information

CITIZENS TO ELECT GRAY

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____ Telephone Number _____

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip _____ Treasurer's Home Telephone Number _____ Treasurer's Work Telephone Number _____
Rochelle Gray
 Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____
11845 Rollingsford Black Jack Mo 63033
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number (314) 477-0841 Dep. Treasurer's Work Telephone Number (314) 355-6789

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____ Connected Organization's Mailing Address, City, State, & Zip _____
Amendment

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State, & Zip of Candidate Rochelle Walton Gray (314) 477-0841 (314) 355-6789
8/2/16 St. Louis County Council Democrat
 Election Date Office Sought & Political Subdivision Telephone Number (Candidate Committees Only) Political Party Support or Oppose
4th Dist support

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
Angela Madley MISSOURI ETHICS COMMISSION Rochelle Gray
 Committee Treasurer Candidate (Candidate Committees Only)